

Evaluating the Mental Health (MH) impact of omitting routine monitoring for stable patients with HIV during the COVID-19 pandemic

Mr George Upton^{1,2}, Ms Eleanor Swift^{1,2}, Dr Amanda Clarke^{1,2}, Professor Yvonne Gilleece^{1,2}, Mr Colin Fitzpatrick², Mr Jonathan Roberts²

¹Brighton & Sussex Medical School, Brighton, United Kingdom.
²University Hospitals Sussex NHS Foundation Trust, Brighton, United Kingdom

Introduction

- An online survey of 653 PLWH attending three HIV services across Sussex, found that 77.6% of respondents felt more anxious and 71.8% felt more depressed since the beginning of the pandemic (Pantelic et al.).¹

Aim

- To understand the impact of omitting routine monitoring on the Mental Health (MH) of PLWH at the Lawson Unit.

Methods

- From April 2020 to March 2021, stable patients' routine appointments were replaced by virtual consultations, meaning no face-to-face (F2F) contact for 12 months. Stable was defined as:
 - HIV VL <50 copies/ml for 18 months
 - on antiretroviral treatment
 - CD4 >200 cells/mm³
 - no active additional health concerns
 - Poor MH was not formally included**
- All patients undertook a PHQ-4 pre- and post-omitted appointment. Those with a score >4 completed a GAD-7 (anxiety index) and PHQ-9 (depression index).
- Demographic, MH and HIV data was collated from electronic patient records (EPRs). Statistical analysis was performed using a chi-squared test.
- 631/2395 (26.3%) patients were defined as physically stable from the clinic cohort. 118 patients did not have comparable MH scores, 65 patients required early F2F review, and 22 patients had a PHQ-4 >4 but no PHQ-9/GAD-7, leaving 426 patients for analysis.

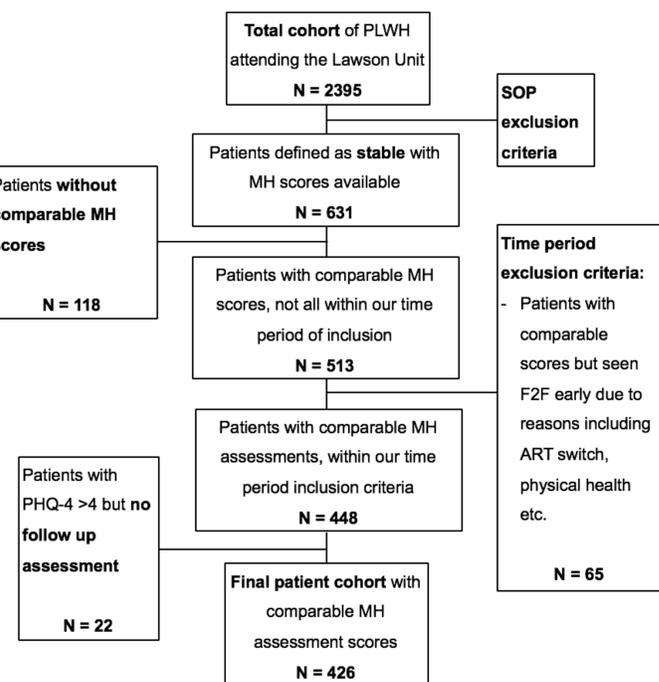


Figure 1: Service evaluation design.

Results

DEMOGRAPHICS

- 631 patients were defined as physically stable: 571 (90.5%) male, median age 50 years (range 22-87), 433 (68.6%) white UK, 505 (80.0%) MSM. Median CD4 count 714 (227-2055).

DEPRESSION

- Of 426 patients analysed, 319/426 (74.9%) patients had an initial PHQ-4 ≤4, of whom 277/426 (65%) had follow-up scores ≤4 indicating **stable MH**.
- 107/426 (25.1%) had an initial PHQ-9 assessment of whom 42/426 (9.9%) scored mild-moderate, 32/426 (7.5%) scored moderately severe and 33/426 (7.7%) scored severe.
- Depression worsened in 59/426 (13.8%) patients, improved in 62/426 (14.6%) and remained the same in 305/426 (71.6%) (p<0.001).

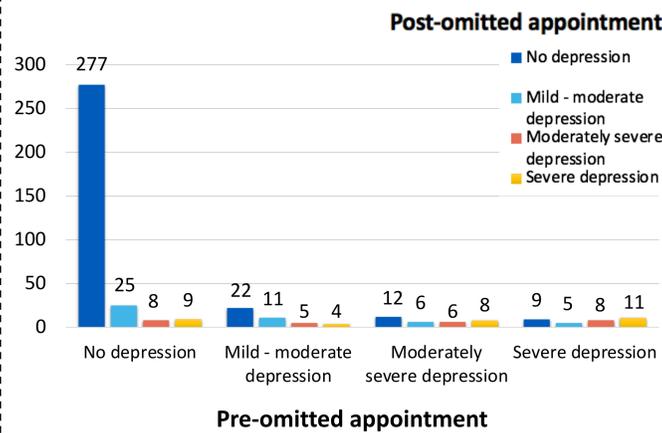


Figure 2: Bar chart to show changes in depression of the 426 PLWH analyzed.

ANXIETY

- 107/426 (25.1%) completed an initial GAD-7 assessment. 48/426 (11.3%) patients initially scored mild-moderate, 28/426 (6.5%) scored moderately severe and 31/426 (7.3%) scored severe.
- Anxiety worsened in 55/426 (12.9%), improved in 64/426 (15%) and remained the same in 307/426 (72.1%) (p<0.001).

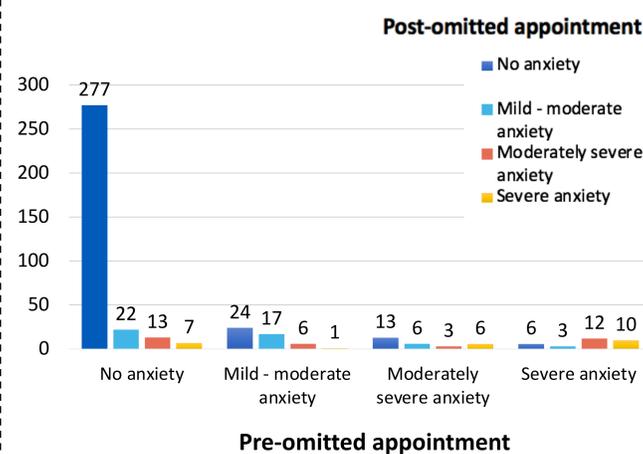


Figure 3: Bar chart to show changes in anxiety of the 426 PLWH analyzed.

VIRAL LOAD AND MH

- 7/426 patients (1.6%) developed VL>50 copies/mL (range 51-5229). 3/7 of these patients had pre-omitted appointment moderately severe MH symptoms. Six subsequently re suppressed. One patient did not re suppress having ceased ART medication due to MH issues related to the COVID-19 pandemic.

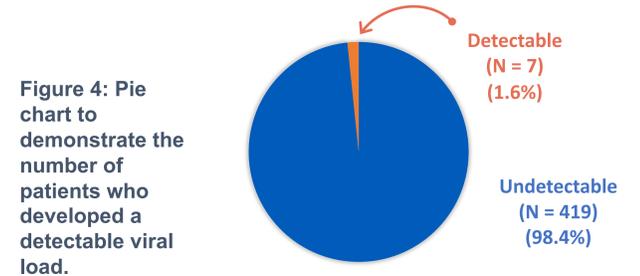


Figure 4: Pie chart to demonstrate the number of patients who developed a detectable viral load.

MH ACTION PLANS

- Three patients had omitted F2F appointments having had severe pre-omitted appointment MH scores and a crisis team referral.

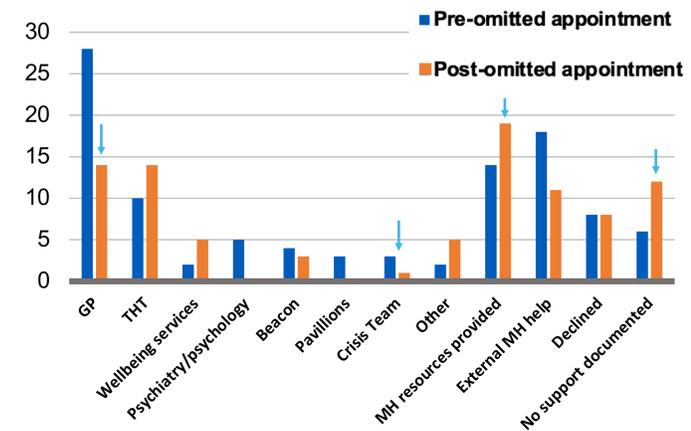


Figure 5: MH referral action plans documented for the 98 patients with a moderately severe - severe MH score.

Conclusion

Omitting F2F appointments did not significantly impact the overall MH of our patients. Our data demonstrates:

- An **effective SOP strategy** was used.
- That MH review on an annual basis is an appropriate duration of time.
- That continued incorporation of virtual consultations is appropriate.

Recommendations

Future SOP criteria

To add patients with **moderately severe – severe MH symptoms** to future local SOP criteria to enhance patient safety.

Action plans & documentation

HCPs at the Lawson Unit should remain vigilant with documentation of MH support provided.

References

1) Pantelic M, Martin K, Fitzpatrick C, Nixon E, Tweed M, Spice W, Jones M, Darking M, Whetham J, Vera JH. "I have the strength to get through this using my past experiences with HIV": findings from a mixed-method survey of health outcomes, service accessibility, and psychosocial wellbeing among people living with HIV during the Covid-19 pandemic. AIDS care. 2021 Sep 9:1-7.

Contact: G.Upton1@uni.bsms.ac.uk